

Chapter 25

Approach to Vulnerable Populations



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Abstract Trauma informed care, tonic immobility, fight, flight, freeze, labor trafficking, human trafficking, reporting hotline, bruises, bites, irritability, mandated reporter, suspicious fracture.

A Word on Vulnerable Populations *Trauma Informed Care*

We should all be aware of the Neurobiology of Trauma.

- High stress and fear impair our prefrontal cortex so one “cannot think straight.”
- We cannot focus our attention, draw on reason or past experience, cannot think it through or inhibit our impulses.
- Results in a FIGHT FLIIGHT FREEZE state
 - Self-protection habits kick in
 - being polite to dominant/aggressive people
 - Disassociation is common
 - blanked out/spaced out/fog/dream

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- Tonic immobility
 - frozen state—cannot move or speak can last seconds to hours
- As a result of the cascade of hormonal and chemical changes from trauma patients do not lay down memory in a sequential pattern.
 - Comes across in “Bits and pieces” of memory

Human Trafficking/Labor Trafficking

- **What is Human Trafficking?** The act of coercion, fraud, or forcing a person into leaving their home to work for little or no payment.
- **What is Labor Trafficking?** The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through force, coercion, or fraud.
 - *Child victims often present with complaints related to their experience trafficking*
 - These include:
 - work-related injuries
 - exposure to toxins
 - bruises and scars
 - exhaustion
 - malnutrition (See Fig. 25.1)

To harbor safe interactions one needs to remember to:

- Keep the survivor on the forefront of our interactions—*Victim Centered*
- Safe space
- Traumas create *triggers* (sights, sounds, emotions)
- Send an *authentic* message
- Realizes the widespread impact of trauma
- Responds by integrations of knowledge
- Seeks to resist re-traumatization

Red Flags to Identify Human Trafficking victims:

Physical Exam

- *General Appearance:* Appears malnourished, limping /pain
- *Skin:* Trauma, scars, rashes, sunburn, track marks, branding
- *Gyn/GU:* STI, trauma, foreign bodies, unknown pregnancy

Other Signs

- Lack of control
- Minor not in school
- Does not speak English
- Alcohol/drugs
- Trauma
- Unfamiliar with surroundings

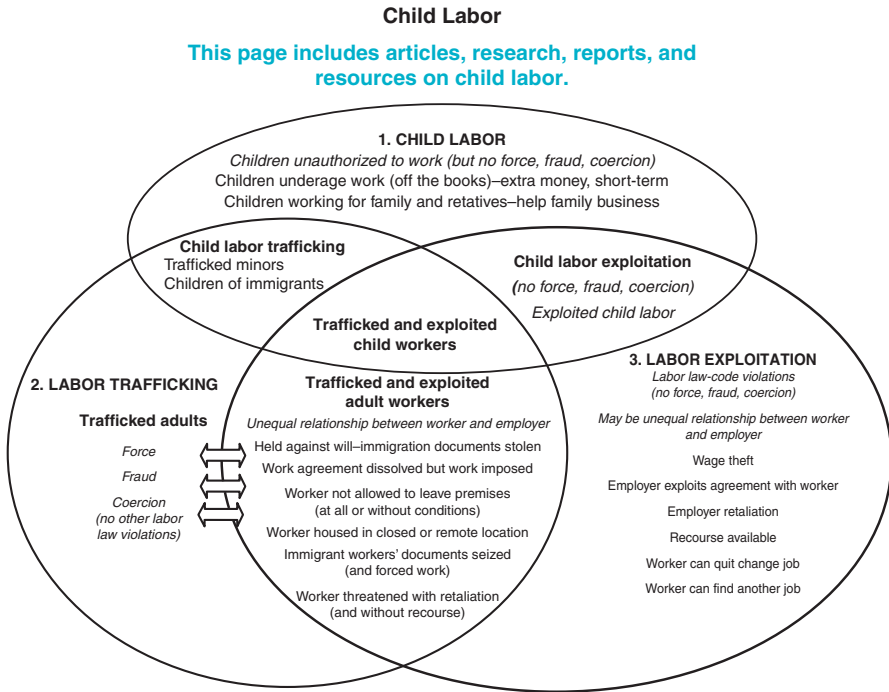


Fig. 25.1 Child labour

68% of Human Trafficking Victims access Healthcare While Being Trafficked!

Every hospital or institution should have a protocol to report suspected victims
 National Reporting hotline: 1-888-373-7888

Child Abuse:

Means:

1. Intentional infliction of physical or mental injury upon a child
2. An intentional act that could reasonably be expected to result in physical or mental injury to a child.
3. Active encouragement of any person to commit an act that results or could reasonably be expected to result in physical or mental injury to a child.

Recognizing Child Abuse

Pay Attention to the Following

History

Physical Examination

Lab Studies

- The history does not explain the injury found.
- Multiple injuries of various types or ages
- Delay in seeing medical attention for an injury which is obviously serious.
- No history offered to explain an injury which is serious or typical of abuse.

Types of Discrepancies Between History and Injury

- History changes over time or different caretakers give different stories.
- Child is developmentally incapable of having acted as described.
- Child would not reasonably be expected to have acted as described.
- Serious injury blamed on another child.

Rules to Follow

1. Those that do not Cruise Rarely Bruise!
2. Follow the following TEN-4-FACES bruising rule

TEN 4-FACES Bruising Rule

Any bruise found in any of the following locations should trigger the possibility of pediatric physical abuse.

Torso

Ears

Neck

Any bruise in a child younger than 4 months old

FACES

Frenulum

Angle of the Jaw

Cheek

Eyelid

Subconjunctival Hemorrhage

3. Be AWARE of patterned bruises
 - (a) Linear bruises to buttocks
 - (b) Linear bruising to the pinna
 - (c) Retinal bleeding
 - (d) Handprints or oval marks

- (e) Belt marks
 - (f) Loop Marks
 - (g) Ligature marks, circumferential rope burns to the neck, wrists, ankles, or gag marks at the corners of the mouth
4. Too many bruises
 5. Any fracture in a non-ambulatory child
 6. Borks (see Fig 25.2)
 7. Bites—any human bites
 8. Baby blues (irritability) (Fig. 25.3)

Question if Accidental

- How foreseeable and preventable was the accident?
- How do the caretaker’s actions compare to the standard in the community?
- What is the overall level of concern about the child’s welfare?
- What is the potential for the child to be injured again?

Pittsburgh Infant Brain Injury Score (PIBIS) for Abusive Head Trauma

The 5-point PIBIS

1. Abnormality on dermatologic examination (2 points),
2. Age ≥ 3.0 months (1 point),
3. Head circumference >85 th percentile(1 point), and
4. Serum hemoglobin <11.2 g/dL(1 point)

At a score of 2, the sensitivity and specificity for abnormal neuroimaging was 93.3% (95% confidence interval 89.0%–96.3%) and 53% (95% confidence interval 49.3%–57.1%), respectively.

Fig. 25.2 Pittsburgh infant brain injury score for abusive head trauma

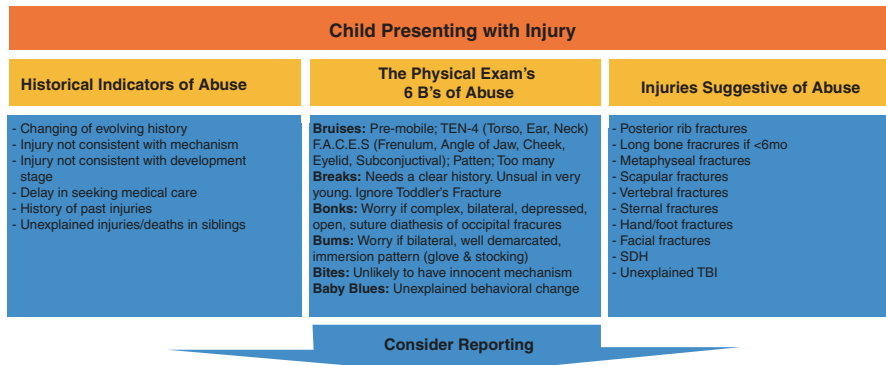


Fig. 25.3 Child presenting with injury

Fractures Highly Specific for Abuse

- Metaphyseal lesions
- Posterior rib fractures
- Scapular fractures
- Spinous process fractures
- Sternal fractures

Final Points

- We are advocates for children!
- Pay attention to clinical clues in history and the physical exam findings.
- Call for resources for families in need.
- We are mandated reporters.

Do the right thing for the child, and help to prevent the future catastrophe!